	NIS	SOI	URI	D١١	/ISI	ION OF HEALTH - STANDARD CERTIFICATE, OF DEATH 63-042586	٠.
DO NOT WRITE	'S (MEN	T OF ALGO ENDED	PUI		rgistration District No	
ON THIS STUB		AMI	LINDEO		F	PLACE OF DEATH	
VS 300		 3	1	1	1.	a. COUNTY Taney 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be a. STATE SOURT b. COUNTY Taney admission	
VS 300 Rev. 4/59		ב ב				b. CITY (If outside corporate limits, give TOWNSHIP only) OR OR OR OR OR OR OR OR OR O	"
1/060		{				c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET ADDRESS ADDRESS	**
2/060	3	\$				HOSPITAL OR INSTITUTION Skaggs. Hosp. Yes# No [] ADDRESS Highway 65	•#
<u> </u>					3.	(Type or print) NAME OF DECEASED (Type or print) NOV • 2, 1963	ır
4 <u>O</u>	$\left\{ \ \right\}$				5.	1610 11100	Min.
6	ا ر <u>ي</u> ا				10a	during most of working life, even if refired)	ITRY
7 ()	OLLOW				13a	A FATHER'S MAME 14. NAME OF HUSBAND OR WIFE	—
7 ()	[편]			1		John Boyd Sarah Boyd none WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
9454	¥					. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Chester Boyd Reeds Spring, Mo	
9/5/X	- FE			Ξ	T	18. CAUSE OF DEATH (Enter only one cause per line PART 1. DEATH WAS CAUSED BY:	
	0 g	5		DOCUMENT		IMMEDIATE CAUSE (a) accorded Alamach . Bruss-	
11 (2)		2		200		Conditions, if any,) DUE TO (b)	
13 /-0	THE	2		ļ		which gave rise to above cause (a), stating the under- lying cause last. DUE TO (c)	
	8				δ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female there a pregnancy in last 90.	e was O days.
	IST				CERTIFICATION		nknown
ON AMENIAMENTS					CERT	19. WAS AUTOPSY PERFORMED? YES NO.	
	AME				MEDICAL	20c. TIME OF Hour Month, Day, Year INJURY e.m.	
BLACK INK OR RITER RIBBON					₹ .		ATE
		2		}	٠ .	21. I attended the deceased from Och 15/63 , to 2 Mar/63 and last saw him alive on 2/11/63	
HBL NET		Ξ Ξ				Death occurred at	
USE BLACI OR TYPEWRITER		<u>.</u>		r OF		22a. SIGNATURE (Degree or title) 22b. ADDRESS 22b. ADDRESS	SIGNED
í–	1 +	+	1+	AFFIDAVIT	234	a. BURIAL, CREMATION, Zb. DATE 23c. NAME OF CEMETERY OR CREMATERY 23d. LOCATION (City, town, or county) (State)	7 10)
		S S S S S		FFID		burial NOV - 9, 1903 Walnut Shade Walnut Shade Ma	
		2		BY A	24.	Walter Cobb Branson, Mo 1/9/63 Wediskar's signature 1/9/63	
	, t	ı	1 1			(Licensed Embalmer's Statement on Reverse Side)	_

STATEMENT BY LICENSED EMBALMER

or by		, Student Embalmer No
working under my pe	ersonal supervision.	te lactor Park
Student		Signed Walter Coal
Si	gnature of Student Embalmer	
		Licensed Embalmer No. 473/
		P. O. Address Branson Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.